



Perinatal Safety OB Quality Measures



Much more than medicine.™

Perinatal Safety Committee

- SMMC utilizes a physician peer review QI to review individual charts and to assess standard of care.
- Perinatal Safety QI committee developed in 2006
- Team members include OB/GYN Physician chair, Neonatologist, Perinatologist, W&C staff RN's from each unit, educators from each unit, and managers from each unit.



Much more than medicine.™

Purposes of Perinatal Safety Committee

- Establish the basis, define current institutional practices.
- Redefine practice using professional guidelines or as regulatory requirements change.
- Provide a formal avenue for RN-MD collaboration
- Develop unit policies and procedures based on evidenced based standards using the performance improvement change model DMAIC.
- Ensure the best possible outcomes for women and their newborns.

DMAIC

- D= Define the Problem: Why is this project chosen, overall goal of project, perceived constraints or barriers, players and roles.
- M=Measure: Data collection plan, pre and post data collection.
- A=Analyze : Data or study
- I=Improve: solution generation, solution implementation, re-measure to assess impact achieved.
- C= Control: Hardwiring (Maintain the Gain)



Much more than medicine.™

Define: Why Project Chosen

ACOG Clinical Management Guidelines for Obstetrician-Gynecologists

Adventist Health System
2010 Corporate Clinical
Accountabilities
Evidence-Based Practice and
Patient Safety



Much more than medicine.™

Goal: No elective vaginal inductions or elective c-sections prior to 39 weeks gestation based on current ACOG position



Much more than medicine.™

Possible Barriers

Physician support

Definition of Elective Procedures

Possible indications for
procedure prior to 39 weeks

Determination of Gestational age

Fear of Loosing patients and
physicians



Much more than medicine.™

Data Collection

Institute for Healthcare Improvement

ACOG

New England Journal of Medicine



Much more than medicine.™

Definitions of Terminology

- **Elective Induction of Labor**
- **Elective Cesarean Section**

ACOG Gestational Age Confirmation



Much more than medicine.™

Creation of
Conditions Possibly Justifying
Elective/Scheduled
Delivery Prior to 39 Weeks Gestation list



Much more than medicine.™

How will we Measure

1. Use OB electronic schedule book to track procedures prior to 39 weeks gestation
2. Use 39 week flow sheet to track all procedures prior to 39 weeks monthly
3. Physician department chair reviews list at end of month for procedures that have a clear indication for delivery prior to 39 weeks using the list provided by AHS
4. All procedures without a clear indication are entered into Risk Master electronic variance reporting system
5. The variance reports are then reviewed by physician peer QI committee for standard of care review.
6. Any patient care found not to meet the standard of care are then addressed by the QI committee.

Much more than medicine.™

Monthly data tracking sheet sent to CNO and corporate office Monthly

- Number of deliveries/month
- Number of procedures prior to 39 weeks
- Number of procedures that met criteria for delivery prior to 39wks

Deliveries < 39 weeks

Facility: Shawnee Mission Medical Center

	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
# of Deliveries	332	276	348	339	329	312	361	353	339	283		
# of Deliveries (C-Section or Vaginal) < 39 weeks	17	17	21	7	17	12	18	14	13	18		
# of Deliveries < 39 weeks that have an appropriate medical indication	12	11	18	7	10	9	16	8	6	13		

|

Analyze

Pre implementation data and stats

Educate and Share process analysis with
physicians and staff.

(Educate, Educate, Educate)



Much more than medicine.™

Improve

After implementation decrease in procedures noted but then stabilized out without reaching goal of 100% compliance

Scheduled procedure checklist created by Perinatal safety committee

Scheduled Procedure Checklist

Physician: _____	Age: _____
Patient Name: _____	Phone Number: _____
G _____ P _____ EDC: _____	Last 4 SS# _____ + _____
<input type="checkbox"/>	
Fetal Maturity Criteria:	Procedure to be scheduled:
<input type="checkbox"/> Ultrasound measurement at less than 20 weeks of gestation supports a gestational age of ≥ 39 weeks.	<input type="checkbox"/> Cesarean Section: <input type="checkbox"/> Primary <input type="checkbox"/> Repeat
<input type="checkbox"/> Fetal heart tones have been documented as present for 30 weeks by doppler.	<input type="checkbox"/> Induction: <input type="checkbox"/> Cervidil <input type="checkbox"/> Pitocin
Previous Uterine Scar:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indication for procedure:	
<u>Indication for delivery < 39 weeks</u>	<u>Delivery at 39 weeks or greater</u>
<input type="checkbox"/> Ruptured Membranes (greater than or ≥ 34 weeks)	<input type="checkbox"/> Macrosomia (EFW greater than 4000g)
<input type="checkbox"/> Pre-eclampsia	<input type="checkbox"/> Gestational Diabetes/ Well Controlled Diabetes
<input type="checkbox"/> Abruptio placenta	<input type="checkbox"/> IUGR - reassuring testing
<input type="checkbox"/> Bleeding D/T Marginal Placental Previa	<input type="checkbox"/> Chronic hypertension on bed rest
<input type="checkbox"/> Non-Reassuring fetal testing	<input type="checkbox"/> History of Stillborn
<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> History of HSV
<input type="checkbox"/> Maternal Renal Disease (Severe)	<input type="checkbox"/> Multiples Gestation (Twins > 37 weeks)
<input type="checkbox"/> Fetal Compromise (IUGR)	<input type="checkbox"/> CNS Anomalies
<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Chromosomal Anomalies
<input type="checkbox"/> Blood group sensitization	<input type="checkbox"/> Fetal Damage (Drugs/Viral/Radiation)
<input type="checkbox"/> Fetal Hydrops	<input type="checkbox"/> Unstable Lie/Funic Presentation
<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Malignancy requiring treatment



Control

Continuous
Monitoring

Culture of
Always



Much more than medicine.™

How we are doing now?

Average: 320 deliveries/month

Average: 15 scheduled procedures
prior to 39 weeks gestation/
month

Of those 15 procedures average of
4/month do not have indication
for delivery prior to 39 weeks.



Much more than medicine.™